THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No decision to increase the retirement age of doctors under Central Health Services (CHS) has been taken.

(b) In view of the (a) above, the question does not arise.

Giving permission of a Government Doctor to visit his Patient outside hospital

1917. SHRI SANTOSH BAGRODIA:
SHRI HARISH RAWAT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) who has the authority to allow a Government doctor to visit outside his hospital within the State for giving advice to his old patient who is otherwise immobile; and

(b) who has the authority to allow a Government doctor to visit outside the State to advice his old patient in case of an emergency at the cost of the patient who is ordinary but tax-paying citizen of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There is no provision in the Central Health Service Rules 1996 to allow a Central Health Service doctor to visit outside his hospital for treatment of any old patient.

Patients suffering from communicable diseases

†1918. SHRI SURENDRA LATH:
SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of patients suffering from communicable diseases is increasing in the country;

(b) if so, the reasons therefor;

†Original notice of the question was received in Hindi.

(c) the number of cases registered during the last year and till date in Delhi, Mumbai, Kolkata and Chennai in respect of Meningitis, Hepatitis, Cholera, Chicken Pox, Dengue, measles, Typhoid and Gastro-entritis and also State-wise; and

(d) the steps taken/being taken by Government to control these diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The incidence of some communicable diseases like enteric fever, viral hepatitis, measles, acute respiratory infection, pheumonia, gonococcal infections, diptheria, meningococcal meningitis, and syphillis is generally on the rise in the country as a whole for reasons such as rapid urbanization and inadequate infrastructure in urban areas, Industrialization and mosquitogenic conditions, inadequate water quality monitoring, poor hygiene etc. alongwith the better surveillance system to detect more number of cases. The number of cases of meningitis, hepatitis, cholera, dengue, measles, enteric fever and gastroenteritis reported in year 2004 and 2005 State-wise is given in the Annexure [See Appendix 206 Annexure No. 9]

(d) Health is primarily a State subject and provision of medical relief for communicable diseases through primary and community health centres is looked after by the State Governments. Communicable diseases are linked to maintenance of environmental hygience, sanitation, consumption of safe and good drinking water. The preventive measures taken by local health authorities include provision of safe drinking water, improvement of personal and community hygience, safe disposal fo human excreta, undertaking appropriate health education, surveillance and monitoring, distribution of chlorine tables and ORS packets etc.

The Government of India supplements the efforts of the State Governments/Union Territories through various National Health Programmes. Funds are also provided under the Accelerated Rural Water Supply Programme, Accelerated Urban Water supply Programme, Total Sanitation Campaign, School Sanitation and Hygience Education and low cost sanitation scheme for tackling quality related problems in respect of drinking water supply and sanitation. National Institute of Communicable Diseases provides technical support to the State Governments and undertakes surveillance, early detection and prevention and control of outbreaks of communicable diseases. The Government of India has

launched an Integrated Disease Surveillance Programme in November, 2004 to further strengthen identification of outbreaks of various water borne and vector borne diseases like Meningitis, hepatitis, Cholera, Typhoid, Measles, malaria, Gatroenteritis etc. so that early intervention could be made and occurrence, disability and death due to such communicable diseases could be reduced.

Fellowship programmes to members of CHS

1919. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently issued orders regarding the opportunities to be availed by the members of Central Health Service for fellowship programmes;

(b) if so, the details thereof;

(c) whether the non-technical and non-medical staff of the C.H.S. are permitted to avail of any number of fellowships without limit, while such opportunity is limited to once only during a doctor's whole service career; and

(d) the reasons for this discrimination?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Applications are invited every two years *i.e.* on biennium basis, from the officers of Central Government/State Govts/Union Territories/Public Sector undertakings of Centre/State, for granting World Health Organization (WHO) fellowship for various categories of programmes covering medical and otehr relates subjects. The eligibility conditions for such fellowship, *inter-alia* provides that the applicant should not have availed training under WHO fellowship during the last five years. This condition is applicable to all officers including those belonging to Central health Service. Last programme of WHO fellowship for 2004-05 biennium have already been completed The applications for the programme for biennium 2006-07 is yet to be announced.